



Luke 10 Ministries

P O Box 969
Camilla GA 31730

For Office use only:

Agency / Organization Application

All attached sheets, including financial spreadsheets, must be completed.

Attach a copy of the exemption letter from the IRS (Form 501(c)3), audited financial statements for the last two years or tax returns for the last 2 years, your organizations mission statement, and your statement of faith (if applicable).

"By completing this application, I verify that I understand that ministries receiving funding from Luke 10 Ministries must be located in Mitchell County and must provide services in line with the Luke 10 Ministries Statement of Faith. Ministries that do not meet these requirements will not be considered for funding opportunities. The Luke 10 statement of faith may be found on the website at luke10ministries.org."

Date: _____

Agency / Organization Name _____

PO Box / Street Address _____

City _____ State _____ Zip _____

Contact Person _____ Title _____

Contact Phone (day) _____ (night) _____

Project Request: _____ Amount \$ _____

Maximum Grant is \$2,500

Have you applied for assistance elsewhere? _____ Yes _____ No

If yes, list other sources of assistance that you have applied for and/or received that will be used on this project.

_____ \$ _____ \$

_____ \$ _____ \$

_____ \$ _____ \$

Ministry Goals:

What is your mission statement: _____

What is your goal or vision for your ministry: _____

Do you have a statement of faith for your organization: _____, If yes, please attach a copy to your application

Community Impact:

Number of individuals, families and/or groups served by this organization/agency: _____

Business References:

Please give three references that are familiar with your organization. References may not be affiliated with Luke 10 Ministries.

Name City Phone #

Name City Phone #

Name City Phone #

The information contained in this statement is for the purpose of obtaining funding from Luke 10 Ministries on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that Luke 10 Ministries may consider this statement as continuing to be true and correct until a written notice of a change is provided. Luke 10 Ministries is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.

Agency/Organization Name

Authorized Signature

Date

Previous Disbursements:

Have you received disbursements from this organization before? _____ Yes _____ No

If yes, please complete the information below and list **ALL dates and disbursements:**

Year								
Amount								

Give a detail of how the money was disbursed:
